



London Borough of Hammersmith & Fulham

Health and Wellbeing Board
10th November 2014

SCHOOL NURSING REVIEW & SERVICE RE-DESIGN

Report of the Divisional Director: Meradin Peachy, Director of Public Health

Open Report

Classification: Review & Comment

Key Decision: NO

Wards Affected: ALL

Accountable Executive Director:

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1. EXECUTIVE SUMMARY

- 1.1 From April 2013, local authorities became statutorily responsible for delivering and commissioning public health services for children and young people aged 5-19, including School Nursing. A review of Tri-Borough School Nursing services has been undertaken to inform the proposed re-commissioning of School Nursing services to improve outcomes for school aged children and to provide a more equitable, efficient, evidence based and consistent service across the boroughs.
- 1.2 The Review found that the School Nursing service in Hammersmith & Fulham is effectively delivering the core requirements of the Healthy Child Programme 5- 19 years (vision and hearing screening and health assessments), the NCMP (national child measurement programme), immunisations and safeguarding but have insufficient capacity to provide a comprehensive preventive and early help service to schools. To meet the needs of the local school population, the SN service needs to be part of an integrated school health model to address changing priorities and new technologies.
- 1.3 Options for a new service model are proposed, within the current financial envelope, which makes best use of School Nursing (SN) resources and skills. Also, as NHS England are the responsible commissioners for school aged immunisation, additional capacity will be released through provision of a NHSE commissioned school based immunisation service proposed to be in place by the start of the next school year (September 2015) .

2. RECOMMENDATIONS

That the Health and Well Being Board reviews the options in paragraph 6 and provide a steer for the direction of travel for the re-commissioning of a school health/school nursing service.

3. REASONS FOR DECISION

School Nursing services are commissioned by Public Health, but have an impact on both health and children's services and align to the LBHF HWB strategy.

4. INTRODUCTION AND BACKGROUND

- 4.1. Schools provide an important learning and nurturing environment for the vast majority of children and adolescents throughout the years of critical physical, social and psychological development. Besides parents and the wider family, school is a primary institution for improving children's health

and well being. This is why effective provision of support, and relevant health services, for pupils, their families and the wider school community, is essential for the current and future health of the local population.

- 4.2. The move of commissioning to local authority Public Health provides an opportunity to review school nursing services to develop a new locally tailored modernised service that is responsive to the changing needs of children, families and the schools communities. It also addresses dissatisfaction with the current model and the historic inequity of provision across the boroughs.
- 4.3. The review process included:
 - Health needs analysis of school aged children
 - Evidence of effectiveness of SN and school based health interventions
 - Analysis of current provider's performance and capacity
 - Benchmarking and review of different models and innovative approaches to SN commissioning and service provision in other local authorities
 - Consultation with school nursing teams, children and young people, schools, parents and carers, and other key stakeholders
- 4.4. The review has also taken into account recent guidance and legislation:
 - A new national vision and guidance for School Nursing which aims to raise the profile of school nurses and refresh the service model, focusing on the needs of more vulnerable cyp including excluded children, young carers, cyp with mental health needs. (DH, 2012).
 - Guidance to support the commissioning of public health provision for school aged children 5-19: *Maximising the school nursing team contribution to the public health of school aged children* (DH/Public Health England, 2014).
 - Requirements of the Children and Families Act (2014), including the development of a joint EHC (Education Health and Care) plan for all children with special educational needs.
 - School nurses' responsibilities to identify girls at risk of FGM and take action, and to help teachers have the confidence to intervene.
- 4.5. A School Nursing Advisory Group of key stakeholders, which includes Schools, Paediatric Health Services, Children's and Early Help Services Parent Representatives, and Youth Representation via Healthwatch, is providing critical overview to the review process.

5. PROPOSAL AND ISSUES

- 5.1. An evidence review of the effectiveness of school based health models found that nurses working in schools are well placed to make a positive difference to children's physical and emotional health. Nurses are trusted

and popular with parents and schools and provide good value for money by supporting children's attendance, reducing school staff time in managing health problems and reducing children's use of emergency care services.

- 5.2. The evidence also supports an integrated social model of school health with school nurses taking an active role in liaising with related community based services, and planning and implementing health promotion strategies within the school community.
- 5.3. Nationally there is only a small pool of registered post-graduate SPHN (Specialist Public Health Nurse) School Nurses, currently about 1,300 in England. Any service model needs to make best use of their public health and leadership skills to manage a grade and skill mixed workforce of Staff Nurses, Nursery Nurses and SN Assistants.
- 5.4. Other drivers and priorities have informed the proposed new SN model:
 - Children are starting school and nursery earlier and more vulnerable children need significant support to achieve a good level of school readiness (a key early years' public health outcome).
 - School Nurses need to contribute to specific integrated customer journeys/care pathways for priority public health interventions such as child oral health promotion programmes or the Healthy Family Weight and Young People's Sexual Health services.
 - Schools and parents need more consistent and accessible SN services and increased provision at secondary school, particularly for excluded and vulnerable young people.
 - Increasing numbers of children with long term health conditions and disabilities attend mainstream education and schools need qualified health support to ensure their health needs can be safely met.

6. OPTIONS AND ANALYSIS OF OPTIONS

- 6.1. Increased capacity will be released by de-commissioning of the provision of school based immunisation and a SN workforce formula will be used to allocate staff on the basis of schools and pupils needs.
- 6.2. It is proposed that a new effective service model is commissioned, within current levels of funding, to include all the components described below.
 - Provision of school aged immunisation is de-commissioned, but health promotion of immunisation is retained to ensure local immunisation rates are maintained and improved;
 - Provision of the Healthy Child Programme of screening and health assessments and delivery of the NCMP;
 - A school health information website & 'virtual school nurse' and confidential text service is commissioned;

- Evidence-based interventions with clear outcomes linked to child public health programmes and priorities (e.g. obesity prevention and oral health promotion) are commissioned and current ineffective interventions e.g. *Fit and Fruity* healthy eating sessions, are decommissioned;
 - Skill and grade mix team of SPHN SNs (post graduate qualified school nurses) registered nurses, nursery nurses and health workers or assistants is established to work to most efficacy;
 - A lead SN for excluded children is in place;
 - Safeguarding: a pilot is commissioned of the Shropshire school nursing health needs assessment model for all children subject to initial or review Child Protection conferences.
- 6.3. In addition to the components of the new model described above, two different workforce options have been developed.
- 6.4. **Option 1** includes a number of lead or specialist roles to provide additional expertise, training capacity and co-ordination to support specific public health outcomes e.g. sexual health, mental health. This could also provide career opportunities for SNs, which may help staff recruitment and retention. Further consultation would be undertaken to ensure that these roles reflect priority health needs locally.
- 6.5. **Option 2** deploys qualified SPHN SN workforce where they are most needed - in secondary schools, high need primary schools and MLD special schools. It utilises skills of other staff to support lower level primary school pupils' needs e.g. nursery nurses are skilled at working with young children and families. This model requires less specialist roles as SNs will have more capacity to develop and lead health promotion initiatives according to priority needs of each school population.

7. CONSULTATION

- 7.1. Service users', staff and stakeholders' views and suggestions were obtained through a wide range of different consultation and engagement methods including on-line and Healthwatch surveys, focus groups, a young people's workshop, individual and group meetings and school visits. Consultation findings have been used to inform the proposed new service model.
- 7.2. Local cyp (children and young people's) views reflected those of the National Youth Council's cyp consultation on school nursing services (2011). CYP want improved access to health information, advice and support in a school setting from a trusted and approachable health professional which is confidential and easily accessible. They stated a preference for individual face to face consultations, also text and web based information and advice on all aspects of physical and emotional health but particularly on sexual health, weight and body changes, drugs

and access to counselling. There is also interest in SNs supporting peer led initiatives.

- 7.3. Parents of primary school children asked for increased access to SN and health information and advice on childhood development and health issues e.g. sleep, minor illness, growth and healthy eating, delivered through coffee mornings and group sessions, assemblies and open evenings. They also want more SN engagement on supporting schools to meet the health needs of children with long term health conditions and disabilities.
- 7.4. Parents of older children found it hard to talk to their teenage children about sexual health and other issues. They thought there needed to be a full time nurse at each secondary school, and sessions for teenagers to talk about health worries and stress in a confidential and non-stigmatising setting, as they were very reluctant to go to a GP for help and advice. They would also value web based information and parent drop-ins.
- 7.5. Most schools in Hammersmith and Fulham expressed a good level of satisfaction with the quality of current SN services but felt it was insufficient to identify and meet the wider health needs of pupils, their families and the school community, especially at secondary level. Their priorities for a new SN service:
 - Co-ordinating and supporting management of care plans for increasing number of children with long term health conditions and special educational needs in mainstream school
 - Targeted early years SN provision for vulnerable children and families on transition to nursery and reception
 - More SN involvement in integrated team around the school, early help services and whole school initiatives e.g. Healthy Schools Partnership, obesity prevention
 - Health screening and co-ordinating access to other health services, especially GPs, CAMHS and adult mental health services.
 - Delivery of specific health education and promotion sessions for children and parents e.g. on puberty, hygiene, FGM.
 - Safeguarding and targeted provision for excluded children and those in alternative provision
- 7.6. SN staff consulted felt they were managing to deliver the core and more routine requirements of the service well but were frustrated by lack of time and training to deliver other public health work and to support whole school interventions.
- 7.7. SNs also reported a significant proportion of their time was spent on safeguarding, especially attending in case conferences when it was not always clear what value they could bring to the meeting. They reported

that it was difficult to cover vacancies or sickness and this resulted in gaps in service, low visibility and lack of continuity.

- 7.8. Other stakeholders consulted welcomed a review of the existing service and a clearer more targeted role for school nurses within an integrated school health model. Closer working with Paediatricians and Specialist Paediatric Nurses was seen as a useful way forward to providing more joined up support for children with long term conditions. A lack of SN support for 3-5 year olds was identified as a gap. Improved visibility, communication and increased access were seen as priorities.

8. EQUALITY IMPLICATIONS

Not Applicable

9. LEGAL IMPLICATIONS

NCMP is one of 6 local authority mandated public health functions set out in the Public Health Grant Conditions (Jan 2013).

10. FINANCIAL AND RESOURCES IMPLICATIONS

Adequate budget and resources have already been allocated

11. RISK MANAGEMENT

Not Applicable

12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

See Appendix 1 for the SN Review and Procurement Timetable

LIST OF APPENDICES:

Appendix 1: School Nursing Review and Procurement Timetable

Appendix 1

Tri-borough School Nursing Review and Procurement Timetable	
Month	Activity
May 2014	<ul style="list-style-type: none"> • Briefing Councillors on review process • First meeting of School Nurse Review Advisory Group • Desktop analysis of public health/schools' data and evidence base • Stakeholder mapping & consultation planning • Initial engagement with CLCH service managers • Initial analysis of school nursing service performance and capacity
June – September 2014	<ul style="list-style-type: none"> • Consultation with school nursing services • Consultation with key stakeholders • Analysis of findings
Sept 2014	<ul style="list-style-type: none"> • Analysis of findings and drafting report
Oct- Nov 2014	<ul style="list-style-type: none"> • Presentation of draft report to School Nurse Review Advisory Group • Presentation of report to 3B Cabinet members, PHITB • CoCo sign off • Gate 1 approval including finance and legal sign off
November 2014	<ul style="list-style-type: none"> • Development of service specification
December 2014	<ul style="list-style-type: none"> • Market event • PQQ
Jan 2015	<ul style="list-style-type: none"> • ITT and final service specification
February 2015	<ul style="list-style-type: none"> • Tender evaluation & recommendations
March 2015	<ul style="list-style-type: none"> • Gate 2 approval • Bi-borough, WCC and ASC finance sign off • Cabinet member informal discussion about contract award
April 2015	<ul style="list-style-type: none"> • Cabinet member and Cabinet Executive decision • Award contract
May – July 2015	<ul style="list-style-type: none"> • Contract implementation
August 2015	<ul style="list-style-type: none"> • New school nursing service starts